

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574508

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1									51			
2		1								52			
3		1								53			
4		2								54			
5		2								55			
6										56			
7										57			
8										58			
9										59			
10										60			
11	1									61			
12	1									62			
13		1								63			
14		1								64			
15										65			
16										66			
17										67			
18										68			
19										69			
20										70			
21										71			
22										72			
23										73			
24										74			
25			1							75			
26										76			
27										77			
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42										92			
43										93			
44										94			
45										95			
46										96			
47										97			
48										98			
49										99			
50										100			
TOTAL	2		2							IND.			
TOTAL DEP.	13	←	10	←		←				↓			
TOTAL CLAIMS	15		12							↓			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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	IND.									↓			
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